

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Central District of CaliforniaIn re Amir Sharifi

Debtor

Case No. 1:13-bk-16670-MTChapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	875,000.00		
B - Personal Property	Yes	3	74,818.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		1,135,927.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		69,674.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			8,008.04
J - Current Expenditures of Individual Debtor(s)	Yes	2			7,807.64
Total Number of Sheets of ALL Schedules		18			
			Total Assets	949,818.00	
			Total Liabilities	1,195,601.00	

Form 6 • Statistical Summary (12/07)

United States Bankruptcy Court
Central District of California

In re Amir Sharifi

Case No. 1:13-bk-16670-MT

Debtor

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	4,649.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	4,649.00

State the following:

Average Income (from Schedule I, Line 16)	8,008.04
Average Expenses (from Schedule J, Line 18)	7,807.64
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	8,899.88

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		250,382.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		59,674.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		310,056.00

In re Amir Sharifi

Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
9 Flintlock Lane Bell Canyon, CA 91307	Fee Simple	-	875,000.00	1,122,080.00

Sub-Total > 875,000.00 (Total of this page)

Total > 875,000.00

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Amir SharifiCase No. 1:13-bk-16670-MT

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Personal Checking Account with Bank of America	-	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Furniture and Appliances	-	150.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Research Material	-	500.00
6. Wearing apparel.		Clothing	-	200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
			Sub-Total > (Total of this page)	950.00

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Amir Sharifi**Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IRA	-	6,474.00
		CalSTRS	-	55,349.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		100% Ownership of Linguniverse.com (No Assets; No Accounts Receivable) (Not Currently Generating Income)	-	1,000.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **62,823.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Amir Sharif

Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2012 Nissan Versa (Balance: \$13,847)		10,545.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Computer, Scanner		500.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
			Sub-Total > (Total of this page)	11,045.00
			Total >	74,818.00
			(Report also on Summary of Schedules)	

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

In re **Amir Sharif**

Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. §522(b)(2)
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Personal Checking Account with Bank of America	C.C.P. § 703.140(b)(6)	100.00	100.00
<u>Household Goods and Furnishings</u>			
Furniture and Appliances	C.C.P. § 703.140(b)(3)	150.00	150.00
<u>Books, Pictures and Other Art Objects; Collectibles</u>			
Books, Research Material	C.C.P. § 703.140(b)(6)	500.00	500.00
<u>Wearing Apparel</u>			
Clothing	C.C.P. § 703.140(b)(3)	200.00	200.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
IRA	C.C.P. § 703.140(b)(10)(E)	6,474.00	6,474.00
CalSTRS	C.C.P. § 703.140(b)(10)(E)	55,349.00	55,349.00
<u>Stock and Interests in Businesses</u>			
100% Ownership of Linguniverse.com (No Assets; No Accounts Receivable) (Not Currently Generating Income)	C.C.P. § 703.140(b)(5)	1,000.00	1,000.00
<u>Office Equipment, Furnishings and Supplies</u>			
Computer, Scanner	C.C.P. § 703.140(b)(6)	500.00	500.00

In re **Amir Sharifi**Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO- DEB- TOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CON- TING- ENT UN- LIQ- UENT DIS- PUTED DATE D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx5705		9/18/06 First Mortgage 9 Flintlock Lane Bell Canyon, CA 91307			
Bank of America, N.A. 4161 Piedmont Pkwy Greensboro, NC 27410		Value \$ 876,000.00		990,729.00	115,729.00
Account No. xxxxx5713		9/18/06 Second Mortgage 9 Flintlock Lane Bell Canyon, CA 91307 (Lam Motion)			
Bank of America, N.A. 4161 Piedmont Pkwy Greensboro, NC 27410		Value \$ 876,000.00		126,396.00	126,396.00
Account No. XX-XXXX-XXXXXXX-XX-XL-VTA		2012 Judgment Lien 9 Flintlock Lane Bell Canyon, CA 91307 [622(f) Motion]			
Nelson & Kennard P.O. Box 13807 Sacramento, CA 95853		Value \$ 875,000.00		5,955.00	5,955.00
Account No. XXXXXXXXXX0001		8/04/12 Automobile Loan 2012 Nissan Versa (Balance: \$13,847)			
Nissan Motor Acceptance PO Box 660360 Dallas, TX 76266		Value \$ 10,645.00		13,847.00	3,302.00
Subtotal (Total of this page)				1,136,927.00	250,382.00
Total (Report on Summary of Schedules)				1,136,927.00	250,382.00

0 continuation sheets attached

In re **Amir Sharifi**

Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (4/13) - Cont.

In re **Amir Sharif**

Case No. **1:13-bk-16670-MT**

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No.		Notice Only				0.00	
Franchise Tax Board Attn: Bankruptcy Unit P.O. Box 2952 Sacramento, CA 95812-2952	-					0.00	
Account No.		Notice Only				0.00	
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	-					0.00	
Account No.							
Account No.							
Account No.							
Account No.							
Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Total of this page)			0.00	
						0.00	0.00
			Total (Report on Summary of Schedules)			0.00	0.00
						0.00	0.00

In re **Amir Sharifi**Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOUR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. XXXXXXXXXXXX1952			10/28/00 Credit Card				14,267.00
Bank of America PO Box 982236 El Paso, TX 79998							
Account No. XXXXXXXXXXXX0561			3/23/94 Credit Card				1,000.00
Chase PO Box 15298 Wilmington, DE 19850							
Account No. XXXXXXXXXXXX6342			1/01/96 Credit Card				8,969.00
Citi PO Box 6241 Sioux Falls, SD 57117							
Account No. XXXXXXXXXXXX1424			8/24/12 Beverly Radiology Med Collection Attorney				244.00
Continental Credit Control 22 N Milpas St., Ste C Santa Barbara, CA 93103							
Subtotal (Total of this page)							24,480.00
2 continuation sheets attached							

B6F (Official Form 6F) (12/07) - Cont.

In re **Amir Sharifi**

Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W B J T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT INGENT	UNL OUD ATED	DIS PUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx7816	-		7/26/00 Credit Card				711.00
Discover Fin Svcs LLC PO Box 15316 Wilmington, DE 19850	-						
Account No. xxxxxxxxxxxx1846	-		8/05/07 Charge Account				146.00
GECRB/Lowes PO Box 965006 Orlando, FL 32896	-						
Account No. xxxx6818	-		6/12/13 Center For Ortho Spec Collection Attorney				104.00
Grant & Weber 26675 West Agoura Road Calabasas, CA 91302	-						
Account No. xxxxxxxx4020	-		11/14/08 Charge Account				173.00
Macys DSNB 9111 Duke Blvd Mason, OH 45040	-						
Account No. xxxxxxxxxxxx7315	-		2/10/99 Chase Collections Account				3,457.00
MRS Associates 1930 Olney Avenue Cherry Hill, NJ 08003	-						
Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)	4,691.00		

B6F (Official Form 6F) (12/07) - Cont.

In re Amir Sharifi

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Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H D E B T J O R C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. xxxxxxxxxxxxxxxxx0506	-	6/06/03 Educational Loans				4,667.00
Sallie Mae 11100 USA Pkwy Fishers, IN 46037						
Account No. xxxxxxxxxxxxxxxxx0506	-	6/06/03 Educational Loans				82.00
Sallie Mae 11100 USA Pkwy Fishers, IN 46037						
Account No. xxxxxxxxxxxxx6682	-	7/20/96 Charge Account				2,571.00
THD/CBNA PO Box 6497 Sioux Falls, SD 57117						
Account No. xxxxxxxxxxxxxxx0001	-	4/28/06 Line of Credit				23,383.00
Wells Fargo Bank NV NA PO Box 94435 Albuquerque, NM 87199						
Account No.						

In re Amir Sharifi

Case No. 1:13-bk-16670-MT

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Amir Sharifi**

Case No. **1:13-bk-16670-MT**

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re Amir Sharifi

Case No. 1:13-bk-16670-MT

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Separated	Daughter Daughter	15 Years 15 Years
Employment:*	DEBTOR	SPOUSE
Occupation	Lecturer	
Name of Employer	California State University, Long Beach	
How long employed	15 Years	
Address of Employer	1250 Bellflower Blvd Long Beach, CA 90840	
*See Attachment for Additional Employment Information		
INCOME: (Estimate of average or projected monthly income at time case filed)		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)		
2. Estimate monthly overtime		
3. SUBTOTAL		
S 5,041.00 S N/A		
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security		
b. Insurance		
c. Union dues		
d. Other (Specify): <u>Retirement</u>		
S 537.15 S N/A		
S 0.00 S N/A		
S 61.46 S N/A		
S 219.40 S N/A		
S 0.00 S N/A		
5. SUBTOTAL OF PAYROLL DEDUCTIONS		
S 818.01 S N/A		
6. TOTAL NET MONTHLY TAKE HOME PAY		
S 4,222.99 S N/A		
7. Regular income from operation of business or profession or farm (Attach detailed statement)		
8. Income from real property		
9. Interest and dividends		
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above		
11. Social security or government assistance		
(Specify):		
S 0.00 S N/A		
S 0.00 S N/A		
S 0.00 S N/A		
12. Pension or retirement income		
13. Other monthly income		
(Specify): <u>See Detailed Income Attachment</u>		
S 3,785.05 S N/A		
14. SUBTOTAL OF LINES 7 THROUGH 13		
S 3,785.05 S N/A		
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)		
S 8,008.04 S N/A		
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)		
S 8,008.04		

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6I (Official Form 6I) (12/07)

In re Amir Sharifi _____
Debtor(s)

Case No. 1:13-bk-16670-MT

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Detailed Income Attachment

Other Monthly Income:

<u>Family Contributions to Save Property and Vehicle Only</u>	\$ 550.00	\$ <u>N/A</u>
<u>Second Job (Net)</u>	\$ 1,955.17	\$ <u>N/A</u>
<u>Third Job (Net)</u>	\$ 1,279.88	\$ <u>N/A</u>
<u>Total Other Monthly Income</u>	\$ 3,785.05	\$ <u>N/A</u>

B6I (Official Form 6I) (12/07)

In re Amir Sharifi

Case No. 1:13-bk-16670-MT

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Attachment for Additional Employment Information

Debtor	
Occupation	Lecturer
Name of Employer	Los Angeles Community College District
How long employed	
Address of Employer	770 Wilshire Blvd. Los Angeles, CA 90017
Debtor	
Occupation	Lecturer
Name of Employer	El Camino Community College
How long employed	
Address of Employer	16007 Crenshaw Boulevard Torrance, CA 90506

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$ <u>3,869.65</u>
a. Are real estate taxes included?	Yes <u>X</u>	No _____
b. Is property insurance included?	Yes <u> </u>	No <u>X</u>
2. Utilities:	a. Electricity and heating fuel	\$ <u>197.00</u>
	b. Water and sewer	\$ <u>109.00</u>
	c. Telephone	\$ <u>95.00</u>
	d. Other <u>See Detailed Expense Attachment</u>	\$ <u>390.00</u>
3. Home maintenance (repairs and upkeep)		\$ <u>50.00</u>
4. Food		\$ <u>700.00</u>
5. Clothing		\$ <u>100.00</u>
6. Laundry and dry cleaning		\$ <u>120.00</u>
7. Medical and dental expenses		\$ <u>300.00</u>
8. Transportation (not including car payments)		\$ <u>600.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ <u>50.00</u>
10. Charitable contributions		\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's		\$ <u>218.00</u>
b. Life		\$ <u>0.00</u>
c. Health		\$ <u>0.00</u>
d. Auto		\$ <u>205.00</u>
e. Other		\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)		\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto		\$ <u>369.99</u>
b. Other <u>Homeowners' Association Fees</u>		\$ <u>259.00</u>
c. Other		\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ <u>0.00</u>
17. Other <u>Emergency Expenses</u>		\$ <u>75.00</u>
Other <u>Personal Hygiene & Grooming</u>		\$ <u>100.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$ <u>7,807.64</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I		\$ <u>8,008.04</u>
b. Average monthly expenses from Line 18 above		\$ <u>7,807.64</u>
c. Monthly net income (a. minus b.)		\$ <u>200.40</u>

B6J (Official Form 6J) (12/07)

In re Amir Sharifi

Case No. 1:13-bk-16670-MT

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Utility Expenditures:

Gas	\$ 120.00
Cell	\$ 90.00
Cable/Internet	\$ 150.00
Trash	\$ 30.00
Total Other Utility Expenditures	\$ 390.00

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Central District of California

In re Amir Sharifi

Debtor(s)

Case No. 1:13-bk-16670-MT
Chapter 13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date October 28, 2013

Signature /s/ Amir Sharifi
Amir Sharifi
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Central District of California

In re Amir Sharifi

Debtor(s)

Case No. 1:13-bk-16670-MT
Chapter 13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$88,631.98	2013 YTD: Debtor Employment Income
\$141,603.00	2012: Both Employment Income (Combined w/Estranged Wife)
\$142,318.00	2011: Both Employment Income (Combined w/Estranged Wife)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Bank of America, N.A. 4161 Piedmont Pkwy Greensboro, NC 27410	August 2013 September 2013 October 2013	\$11,608.95	\$0.00
Bank of America, N.A. 4161 Piedmont Pkwy Greensboro, NC 27410	July 2013 August 2013 September 2013	\$1,038.45	\$0.00
Citi PO Box 6241 Sioux Falls, SD 57117	August 2013 September 2013 October 2013	\$689.94	\$0.00
Nissan Motor Acceptance PO Box 660360 Dallas, TX 75266	August 2013 September 2013 October 2013	\$1,110.00	\$0.00

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None

c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
STELLAR RECOVERY, INC. vs. AMIR SHARIFI, et al; Case# 56-2012-00426131-CL-CL-VTA	Limited Civil	Superior Court of California County of Ventura 800 S. Victoria Avenue Ventura, CA 93009	Judgment

*Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT AND CASE NUMBER FIA CARD SERVICES, NA. vs. AMIR SHARIFI; Case# 56-2010-00388100-CL-CL-SIM	NATURE OF PROCEEDING Limited Civil	COURT OR AGENCY AND LOCATION Superior Court of California County of Ventura 3855-F Alamo Street Simi Valley, CA 93063	STATUS OR DISPOSITION Judgment
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None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED Nelson & Kennard P.O. Box 13807 Sacramento, CA 95853	DATE OF SEIZURE 10/01/13	DESCRIPTION AND VALUE OF PROPERTY Wage Garnishment; \$992.98
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5. Repossessions, foreclosures and returns

None b. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
GreenPath Debt Solutions 38505 Country Club Drive, Ste. 250 Farmington, MI 48331	10/16/13	\$25.00 Credit Counseling Certificate
Simon Resnik Hayes LLP 15233 Ventura Blvd., Suite 250 Sherman Oaks, CA 91403	10/18/13	\$419.00 Toward Attorneys' Fees \$281.00 Filing Fee

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<input checked="" type="checkbox"/> None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		
NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Jacklin Eshaghian - Estranged Wife

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
None	b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.		
SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
None	c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.		
NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION	

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME	(ITIN) / COMPLETE EIN	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Linguniverse.com	9140	9 Flintrock Lane West Hills, CA 91307	Language Related Services (Not Currently Generating Income)	January 2012 - Present	

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date October 28, 2013

Signature /s/ Amir Sharifi
Amir Sharifi
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

February 2006

2006 USBC Central District of California

United States Bankruptcy Court
Central District of California

In re Amir Sharifi

Debtor(s)

Case No. 1:13-bk-16670-MT
Chapter 13

**DEBTOR'S CERTIFICATION OF EMPLOYMENT INCOME
PURSUANT TO 11 U.S.C. § 521 (a)(1)(B)(iv)**

Please fill out the following blank(s) and check the box next to one of the following statements:

I, Amir Sharifi, the debtor in this case, declare under penalty of perjury under the laws of the United States of America that:

I have attached to this certificate copies of my pay stubs, pay advices and/or other proof of employment income for the 60-day period prior to the date of the filing of my bankruptcy petition.
(NOTE: the filer is responsible for blacking out the Social Security number on pay stubs prior to filing them.)

I was self-employed for the entire 60-day period prior to the date of the filing of my bankruptcy petition, and received no payment from any other employer.

I was unemployed for the entire 60-day period prior to the date of the filing of my bankruptcy petition.

I, , the debtor in this case, declare under penalty of perjury under the laws of the United States of America that:

I have attached to this certificate copies of my pay stubs, pay advices and/or other proof of employment income for the 60-day period prior to the date of the filing of my bankruptcy petition.
(NOTE: the filer is responsible for blacking out the Social Security number on pay stubs prior to filing them.)

I was self-employed for the entire 60-day period prior to the date of the filing of my bankruptcy petition, and received no payment from any other employer.

I was unemployed for the entire 60-day period prior to the date of the filing of my bankruptcy petition.

Date October 28, 2013

Signature /s/ Amir Sharifi
Amir Sharifi
Debtor

Name: Amir Sharif
Case #: 1:13-bk-16670-MT

Primary Employer: California State University, Long Beach

Salaried (Paid Monthly):

Gross Pay	\$ 5,041.00
Minus Taxes	\$ 537.15
Minus Retirement	\$ 219.40
Minus Union Dues	\$ 61.46
= Avg. Net Pay of	<u>\$ 4,222.99</u>

STATE OF CALIFORNIA
DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
07-047197

DOLLARS	CENTS
AMOUNT DEPOSITED	
\$*2915.97	

TO A SHARIFI 237-356
AGENCY UNIT

NOT
NEGOTIABLE



JOHN CHIANG
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA		STATEMENT OF EARNINGS AND DEDUCTIONS			OFFICE OF STATE CONTROLLER	
A SHARIFI		PAY PERIOD 09/13			9140	
AGY/UNIT 237-356		ISSUE DATE 10/01/13			DIRECT DEP # 07-047197	
TAX YEAR 13		TAX STATUS FED M-04	STATE H-00		BANK TRANSIT 121000358	
		GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY	
CURRENT	5041.00	4821.60		2125.03	2915.97	
YEAR-TO-DATE ¹	54526.84					
EARNS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT	
REGULAR			4901.00	FEDERAL TAX	350.12	
FLEX CASH			140.00	STATE TAX	113.94	
				*RETIREMENT	219.40	
				SOC SEC	312.54	
				MEDICARE	73.09	
				VIS-VSP	.00	
				LTDSTANDARD	.00	
				LIFE INS	.00	
				ERNGS LEVY	992.98	
				DUESCFA	61.46	
				SUP ADM CHG	1.50	
EMPLOYER CONTRIBUTIONS (current and adjustments)						
RETIREMNT	SOC SEC	HLTH/FLEX				
1039.16	312.54	140.00				
MEDICARE	VISION	LIFE INS				
73.09	7.50	7.50				
LTD INS						
4.17						

HAVE YOU REVIEWED YOUR BENEFIT OPTIONS FOR THE 2014 PLAN YEAR? ALL OPEN ENROLLMENT ELECTIONS MUST BE SUBMITTED TO YOUR CAMPUS HR/BENEFITS OFFICE NO LATER THAN OCTOBER 11, 2013. IN COMPLIANCE WITH THE CAMPUS FIRE SAFETY RIGHT-TO-KNOW ACT, THE UNIVERSITY'S ANNUAL FIRE SAFETY REPORT CAN BE ACCESSED AT: WWW.CALSTATE.EDU/CLERY/. IT INCLUDES ON-CAMPUS STUDENT HOUSING FIRE STATISTICS; A DESCRIPTION OF FIRE SAFETY SYSTEMS; HOUSING EVACUATION PROCEDURES; RULES FOR APPLIANCE USE; ETC. YOU CAN REQUEST COPIES FROM YOUR CAMPUS HOUSING OFFICE.

STATE OF CALIFORNIA
DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
06-749727

FF717720A
REV 8/00

AMOUNT DEPOSITED	DOLLARS	CENTS
	\$*3910	.45

TO A SHARIFI

237-356

AGENCY UNIT

NOT
NEGOTIABLE



JOHN CHIANG
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA	STATEMENT OF EARNINGS AND DEDUCTIONS	OFFICE OF STATE CONTROLLER
A SHARIFI		9140
AGY/UNIT 237-356	PAY PERIOD 08/13	DIRECT DEP # 06-749727
TAX YEAR 13	ISSUE DATE 08/30/13	BANK TRANSIT 121000358
TAX STATUS FED M-04	STATE H-00	

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	5041.00	4821.60	1130.55	3910.45
YEAR-TO-DATE ¹	45369.00			
EARNS	DAYS	HOURS	DEDUCTIONS	AMOUNT
REGULAR		4901.00	FEDERAL TAX	350.12
FLEX CASH		140.00	STATE TAX	113.94
			*RETIREMENT	219.40
			SOC SEC	312.54
			MEDICARE	73.09
			VIS-VSP	.00
			DUESCFA	61.46

EMPLOYER CONTRIBUTIONS (current and adjustments)			
RETIREMENT	SOC SEC	HLTH/FLEX	
1039.16	312.54	140.00	
MEDICARE	VISION		
73.09	7.50		

THE JEANNE CLERY ACT REQUIRES AN ANNUAL SECURITY REPORT FROM EACH CAMPUS BY OCTOBER 1 THAT INCLUDES CRIME STATISTICS FOR THE PAST THREE YEARS OF CLERY REPORTED CRIMES ON CAMPUS; ON NON-CAMPUS PROPERTIES; ON PUBLIC PROPERTY ACCESSIBLE FROM THE CSU CAMPUS; AND INSTITUTIONAL SAFETY POLICIES SUCH AS ALCOHOL AND DRUG USE, CRIME PREVENTION, SEXUAL ASSAULT, AND OTHER MATTERS. YOU CAN OBTAIN A FULL COPY OF THIS REPORT ON-LINE AT WWW.CALSTATE.EDU/CLERY/ OR REQUEST PAPER COPIES FROM YOUR CSU POLICE DEPARTMENT.

CD 38A (Rev 08/00)¹ Year-to-date gross on final earnings statement may not agree with W-2.
* Amounts which affect taxable gross

STATE OF CALIFORNIA
DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
06-429698

EFT/P/DRA REV 8/01

AMOUNT DEPOSITED

DOLLARS	CENTS
\$*3910	45

TO A SHARIFI

237-356
AGENCY UNIT

NOT
NEGOTIABLE



JOHN CHIANG
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA		STATEMENT OF EARNINGS AND DEDUCTIONS			OFFICE OF STATE CONTROLLER	
A	SHARIFI	AGY/UNIT	237-356	PAY PERIOD 07/13	9140	
TAX YEAR	13	TAX STATUS	ISSUE DATE 07/31/13	DIRECT DEP # 06-429698		
		FED M-04	STATE H-00	BANK TRANSIT 121000358		
		GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY	
CURRENT	5041.00	4821.60	1130.55	3910.45		
YEAR-TO-DATE ¹	40328.00					
EARINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT	
REGULAR			4901.00	FEDERAL TAX	350.12	
FLEX CASH			140.00	STATE TAX	113.94	
				RETIREMENT	219.40	
				SOC SEC	312.54	
				MEDICARE	73.09	
				VIS-VSP	.00	
				DUESCFA	61.46	
EMPLOYER CONTRIBUTIONS (current and adjustments)						
RETIREMNT	SOC SEC	HLTH/FLEX				
1039.16	312.54	140.00				
MEDICARE	VISION					
73.09	7.50					

*MAKE YOUR WILDFIRE ACTION PLAN AND BE PREPARED TO EVACUATE
HAVE TWO WAYS OUT OF YOUR NEIGHBORHOOD IN CASE ONE IS BLOCKED
VISIT CAL FIRE AT WWW.READYFORWILDFIRE.ORG FOR EVACUATION TIPS
*JOIN THOUSANDS OF VOLUNTEERS AND KEEP OUR RIVERS CLEAN.
THE GREAT SIERRA RIVER CLEANUP-SATURDAY, SEPTEMBER 21ST
FIND YOUR CLEANUP SITE AT WWW.SIERRANEVADA.CA.GOV
*IT'S NEVER TOO EARLY... IT'S NEVER TOO LATE... CALPERS
RETIREMENT PLANNING FAIRS IN AUGUST AND SEPTEMBER. DATES,
TIMES, LOCATIONS, AND REGISTRATION AT WWW.CALPERS.CA.GOV

CD 39A (Rev 08/00) ¹ Year-to-date gross on final earnings statement may not agree with W-2.

* Amounts which affect taxable gross

STATE OF CALIFORNIA
A SHARIFI STATEMENT OF EARNINGS AND DEDUCTIONS
AGY/UNIT 237-356 PAY PERIOD 05/13
TAX YEAR 13 ISSUE DATE 05/31/13
TAX STATUS FED M-04 STATE H-00
OFFICE OF STATE CONTROLLER 9140
WARRANT NO 01-527806

CURRENT	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY	
YEAR-TO-DATE ¹	5041.00	4821.60	1130.55	3910.45	
EARNS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT

REGULAR
FLEX CASH

4901.00	FEDERAL TAX	350.12
140.00	STATE TAX	113.94
	*RETIREMENT	219.40
	SOC-SEC	312.54
	MEDICARE	73.09
	VIS-VSP	0.00
	DUESCFA	61.46

EMPLOYER CONTRIBUTIONS (current and adjustments)
RETIREMNT SOC SEC HLTH/FLEX
1004.85 312.54 140.00
MEDICARE VISION
73.09 7.50

(818) 999-0033

*STATE EMPLOYEES OR THEIR FAMILY MEMBERS WHO ARE GOOD DRIVERS
AND INCOME ELIGIBLE MAY QUALIFY FOR THE STATE'S AUTO INSURANCE
PROGRAM. FOR DETAILS: MYLOWCOSTAUTO.COM OR 866-602-8861
*BE AWARE AND PREVENT DROWNING." LEARN MORE AT
[HTTP://WWW.DDS.CA.GOV/DROWNING](http://WWW.DDS.CA.GOV/DROWNING).

Name: Amir Sharifi
Case #: 1:13-bk-16670-MT

Secondary Employer: Los Angeles Community College District

Average (Paid Monthly; Only 10 pay periods per year):

Gross	\$ 2,437.80	Taxes	\$ 372.54
	\$ 5,523.00		\$ 1,315.32
	\$ 2,209.20		\$ 326.54
	\$ 2,209.20		\$ 326.55
	\$ 12,379.20		\$ 2,340.95
divided by 4 =	\$ 3,094.80		\$ 585.24
times 10 =	<u>\$ 30,948.00</u>		<u>\$ 5,852.38</u>
divided by 12=	<u>\$ 2,579.00</u>		<u>\$ 487.70</u>

Retirement	\$ 91.42	Union Dues	\$ 39.00
	\$ 207.11		\$ 88.37
	\$ 82.85		\$ 30.93
	\$ 82.85		\$ 30.93
	\$ 464.23		\$ 189.23
divided by 4 =	\$ 116.06		\$ 47.31
times 10 =	<u>\$ 1,160.58</u>		<u>\$ 473.08</u>
divided by 12=	<u>\$ 96.71</u>		<u>\$ 39.42</u>

Gross Pay	\$ 2,579.00
Minus Taxes	\$ 487.70
Minus Retirement	\$ 96.71
Minus Union Dues	\$ 39.42
= Avg. Net Pay of	<u>\$ 1,955.17</u>



Los Angeles Community College District
770 Wilshire Boulevard
Los Angeles, California 90017

Los Angeles, CA 90013
730 Wilshire Blvd
LA Community College Dist.

Mr. Amir Shariati
69 Hilllock Ln
Bell Cañon CA 93001

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Health Benefits Open Enrollment is
from 09/16/2013 to 10/11/2013.
See link for more information
(<https://portal.laccd.edu>)

Leave Balance	Beginning Balance	Earned This Pay	Used This Pay	Current Balance
Faculty Illness Full P				64.00
Faculty Illness-Pre 7/				11.00

Tax Status					Gross Wages			Taxable Wages		Deductions		Net Pay	
Fed	S-00				Current		2,437.80	2,346.38		502.96		1,934.84	
State	S-00				Year-To-Date		21,216.00	20,420.37		4,755.70		16,400.30	
Wage Type	Job	FTE	Pay Scale/Rate	Hrs	Gross Wages	Period MMDDYY	Deductions	Wages Subject	Deduction Amount	YTD Total			
Credit Adjunct	E 0811	0.00	DESK09	6.00	2,086.08	093013	FED Income Tax	2,346.38	287.27	2,756.76			
Credit Doctoral	E 0811	0.00	DESK09	6.00	43.44	093013	FED Medicare Tax	2,437.80	35.35	307.63			
Equity Diff 2	E 0811	0.00	DESK09	6.00	73.44	093013	CA Income Tax	2,346.38	49.92	582.73			
Credit Summer	E 0811	0.00	DESK09		151.80	073113	CalSTRS CB Plan	2,437.80	91.42	795.63			
Equity Differen	E 0811	0.00	DESK09	6.00	74.64	093013	1521 Member		39.00	312.95			
Equity Diff 2 S	E 0811	0.00	DESK09		5.40	073113							
Cred Doct Summe	E 0811	0.00	DESK09		3.00	073113							
								Total Deductions	502.96	4,755.70			
								Board Paid Benefits			Amount This Pay	Amount YTD	
Total Gross					2,437.80								
Paid Absences This Period				Unpaid Absences This Period				EFT or Warrant Number					
								0787781					1,934.84



Los Angeles Community College District
770 Wilshire Boulevard
Los Angeles, California 90017

LA Community College Dist.
770 Wilshire Blvd
Los Angeles, CA 90017

Employee Number: 00794474

Employee Name: Mr. Amir Sharifi

Pay Period: 201301

Ending Date: 07/31/2013

Warrant No: 0783449

Issue Date: 07/31/2013

*** MESSAGE CENTER ***

Page 1 of 1

Mr. Amir Sharifi
6 Foothill Tu
Bell Canyon CA 91301

Leave Balance	Beginning Balance	Earned This Pay	Used This Pay	Current Balance
Faculty Illness Full P				62.00
Faculty Illness-Pre 7/				11.00

Tax Status	
Fed	S-00
State	S-00

Gross Wages		Taxable Wages	Deductions	Net Pay
Current Year-To-Date		5,523.00	5,315.89	1,610.80
		18,778.20	18,073.99	4,252.74

Wage Type	L o c c	Job	FTE	Pay Scale/ Rate	Hrs	Gross Wages	Period MMDDYY	Deductions	Wages Subject	Deduction Amount	YTD Total
Credit Summer	E	0811	0.00	DESK09	6.00	5,063.40	073113	FED Income Tax	5,315.89	943.87	2,469.49
Equity Diff Sum	E	0811	0.00	DESK09	6.00	175.80	073113	FED Medicare Tax	5,523.00	80.08	272.28
Equity Diff 2 S	E	0811	0.00	DESK09	6.00	178.20	073113	CA Income Tax	5,315.89	291.37	532.81
Cred Doct Summe	E	0811	0.00	DESK09	6.00	105.60	073113	CalSTRS CB Plan	5,523.00	207.11	704.21
								1521 Member		88.37	273.95
Total Deductions									1,610.80	4,252.74	
Board Paid Benefits									Amount This Pay	Amount YTD	
Total Gross						5,523.00					

Paid Absences This Period	Unpaid Absences This Period	EFT or Warrant Number
		0783449 3,912.20



Los Angeles Community College District
770 Wilshire Boulevard
Los Angeles, California 90017

LA Community College Dist.
770 Wilshire Blvd
Los Angeles, CA 90017

*** MESSAGE CENTER ***

Page 1 of 1

Employee Number: 00794474

Employee Name: Mr. Amir Sharifi

Pay Period: 201212

Ending Date: 06/30/2013

Warrant No: 0780393

Issue Date: 06/28/2013

Mr. Amir Sharifi
6 Hilltop Ln
Bell Canyon CA 91301

Leave Balance	Beginning Balance	Earned This Pay	Used This Pay	Current Balance
Faculty Illness Full P				61.00
Faculty Illness-Pre 7/				11.00

Tax Status				Gross Wages		Taxable Wages		Deductions		Net Pay	
Fed	S-00	State	S-00	Current	2,209.20	2,126.35	440.32	1,768.88	10,613.26		
				Year-To-Date	13,255.20	12,758.10	2,641.94				
Wage Type	Loc	Job	FTE	Pay Scale/Rate	Hrs	Gross Wages	Period MMDDYY	Deductions	Wages Subject	Deduction Amount	YTD Total
Credit Adjunct	E	0811	0.00	DESK09	6.00	2,025.36	063013	FED Income Tax	2,126.35	254.27	1,525.62
Credit Doctoral	E	0811	0.00	DESK09	6.00	42.24	063013	FED Medicare Tax	2,209.20	32.03	192.20
Equity Diff 2	E	0811	0.00	DESK09	6.00	71.28	063013	CA Income Tax	2,126.35	40.24	241.44
Equity Differen	E	0811	0.00	DESK09	6.00	70.32	063013	CalSTRS CB Plan	2,209.20	82.85	497.10
								1521 Member		30.93	185.58

Amir Sharifi # 818-6317317 Ref: Discount Rate



Los Angeles Community College District
770 Wilshire Boulevard
Los Angeles, California 90017

LA Community College Dist.
770 Wilshire Blvd
Los Angeles, CA 90017

*** MESSAGE CENTER ***

Page 1 of 1

Employee Number: 00794474

Employee Name: Mr. Amir Sharifi

Pay Period: 201211

Ending Date: 05/31/2013

Warrant No: 0777445

Issue Date: 05/31/2013

Mr. Amir Sharifi
6 Flinlock Lu
Bell Canyon CA 91302

Leave Balance	Beginning Balance	Earned This Pay	Used This Pay	Current Balance
Faculty Illness Full P				61.00
Faculty Illness-Pre 7/				11.00

Tax Status	
Fed State	S-00 S-00

Gross Wages		Taxable Wages		Deductions		Net Pay	
Current Year-To-Date		2,209.20 11,046.00		2,126.35 10,631.75		440.33 2,201.62	

Wage Type	L e c	Job	FTE	Pay Scale/ Rate	Hrs	Gross Wages	Period MMDDYY	Deductions	Wages Subject	Deduction Amount	YTD Total
Credit Adjunct	E	0811	0.00	DESK09	6.00	2,025.36	053113	FED Income Tax	2,126.35	254.27	1,271.35
Credit Doctoral	E	0811	0.00	DESK09	6.00	42.24	053113	FED Medicare Tax	2,209.20	32.04	160.17
Equity Diff 2	E	0811	0.00	DESK09	6.00	71.28	053113	CA Income Tax	2,126.35	40.24	201.20
Equity Differen	E	0811	0.00	DESK09	6.00	70.32	053113	CalSTRS CB Plan	2,209.20	82.85	414.25
								1521 Member		30.93	154.65
Total Deductions									440.33	2,201.62	
Board Paid Benefits									Amount This Pay	Amount YTD	
Total Gross						2,209.20					

Paid Absences This Period		Unpaid Absences This Period		EFT or Warrant Number			
				0777445			

Name: Amir Sharifi
Case #: 1:13-bk-16670-MT

Secondary Employer: El Camino Community College

Average (Paid Monthly; Only 10 pay periods per year):

Gross	\$ 1,385.28	Taxes	\$ 56.81
	\$ 1,385.28		\$ 56.82
	\$ 1,686.43		\$ 66.31
	\$ 1,686.43		\$ 66.30
	\$ 6,143.42		\$ 246.24
divided by 4 =	\$ 1,535.86		\$ 61.56
times 10 =	<u>\$ 15,358.55</u>		<u>\$ 615.60</u>
divided by 12=	<u>\$ 1,279.88</u>		<u>\$ 51.30</u>

Retirement	\$ 55.41
	\$ 55.41
	\$ 67.46
	\$ 67.46
	\$ 245.74
divided by 4 =	\$ 61.44
times 10 =	<u>\$ 614.35</u>
divided by 12=	<u>\$ 51.20</u>

Gross Pay	\$ 1,279.88
Minus Taxes	\$ 51.30
Minus Retirement	\$ 51.20
= Avg. Net Pay of	<u>\$ 1,177.38</u>

SCHOOL DISTRICT OF LOS ANGELES COUNTY				PAY LOCATION	PAY CYCLE	ISSUE DATE	WARRANT NUMBER
64493 EL CAMINO COMMUNITY COLLEGE				018	C5C	10-04-2013	7645044
EMPLOYEE NAME	EMPLOYEE ID	FEDERAL STATUS / ALLOWANCES	STATE STATUS / ALLOWANCES	ADDITIONAL STATE ALLOWANCES			
SHARIFI,AMIR	PN0285243	M / 03	M / 03	00			
EARNINGS - COMPENSATION		DEDUCTIONS/TAXES/MISC					
BASIS	DESCRIPTION	END DATE	RATE	AMOUNT	EMPLOYEE DEDUCTIONS	CURRENT AMOUNT	YTD TOTALS
C H REGULAR		09-30-2013	94.109	14.72	PRE-TAX REDUCTIONS STRS ARP	55.41	515.58
					EMPLOYEE DEDUCTIONS MEDCAR DED SDI AFT	20.08 13.85 22.88	186.89 128.86 195.70
					EMPLOYER CONTRIBUTIONS STRS CASH MEDCAR CON SUI WORK COMP	69.26 20.08 0.69 20.09	644.44 186.89 94.97 174.46
***** LEAVE BALANCES *****				YTD TAXABLE BALANCES		CURRENT PAY SUMMARY	
VACATION	FEDERAL	1,329.87	FEDERAL	1,373.56	GROSS PAY	1,385.28	
SICK LEAVE	STATE	1,329.87	STATE	1,373.56	REDUCTIONS	55.41	
AS OF DATE	MEDI GROSS	1,385.28	MEDI GROSS	12,889.14	TAXES	33.93	
	OASDI GROSS		OASDI GROSS		DEDUCTIONS	22.88	
	CA SDI GROSS	1,385.28	CA SDI GROSS	12,889.14	NET PAY		
	GROSS EARN'S	1,385.28	GROSS EARN'S	12,889.14			
DISTRICT NAME	EL CAMINO COMMUNITY COLLEGE			DISTRICT ADDRESS			
	16007 CRENSHAW BLVD			TORRANCE, CA 90506			

SCHOOL DISTRICT OF LOS ANGELES COUNTY			PAY LOCATION		PAY CYCLE	ISSUE DATE	WARRANT NUMBER
			018	C5B	09-05-2013	7604336	
EMPLOYEE NAME SHARIFI, AMIR	EMPLOYEE ID PN0295243	FEDERAL STATUS / ALLOWANCES M / 03	STATE STATUS / ALLOWANCES M / 03	ADDITIONAL STATE ALLOWANCES 00			
EARNINGS - COMPENSATION	END DATE 08-31-2013	RATE 94.109	UNITS 14.72	AMOUNT 1,385.28	DEDUCTIONS/STATE/TAXES/MISC EMPLOYEE DEDUCTIONS PRE-TAX REDUCTIONS STRS ARP	CURRENT AMOUNT 55.41	YTD TOTALS 166.81 115.01 172.82 460.17
BASIS C H	DESCRIPTION REGULAR				EMPLOYEE DEDUCTIONS MEDCAR DED SDI AFT	20.09 13.85 22.88	
					EMPLOYER CONTRIBUTIONS STRS CASH MEDCAR CON SUI WORK COMP	69.26 20.09 0.69 20.09	575.18 166.81 94.28 154.37
***** LEAVE BALANCES *****							
VACATION	FEDERAL	1,329.87	FEDERAL	11,043.69	GROSS PAY	1,385.28	
SICK LEAVE	STATE	1,329.87	STATE	11,043.69	REDUCTIONS	55.41	
AS OF DATE	MEDI GROSS	1,385.28	MEDI GROSS	11,503.86	TAXES	33.94	
	OASDI GROSS		OASDI GROSS		DEDUCTIONS	22.88	
	CA SDI GROSS	1,385.28	CA SDI GROSS	11,503.86			
	GROSS EARN'S	1,385.28	GROSS EARN'S	11,503.86	NET PAY	\$1,273.05	
DISTRICT NAME EL CAMINO COMMUNITY COLLEGE	DISTRICT ADDRESS 16007 GRENSHAW BLVD						TORRANCE, CA 90506

SCHOOL DISTRICT OF LOS ANGELES COUNTY		64493 EL CAMINO COMMUNITY COLLEGE		WARRANT NUMBER 7489824	
EMPLOYEE NAME SHARIFI,AMIR		PAY LOCATION 018 C5K		ISSUE DATE 06-05-2013	
EARNINGS - COMPENSATION		EMPLOYEE ID PN0795243	FEDERAL STATUS / ALLOWANCES M / 03	STATE STATUS / ALLOWANCES M / 03	ADDITIONAL STATE ALLOWANCES 00
BASIS C H	DESCRIPTION REGULAR	END DATE 05-31-2013	RATE 94.109	UNITS 17.92	AMOUNT 1,686.43
DEDUCTIONS/TAXES/MISC					
EMPLOYEE DEDUCTIONS					
PRE-TAX DEDUCTIONS					
STRS ARP					
EMPLOYER DEDUCTIONS					
MEDCAR DED SDI AFT					
EMPLOYER CONTRIBUTIONS					
STRS CASH MEDCAR CON SUI WORK COMP					
YTD TOTALS					
24.46 16.86 24.99					
67.46					
337.30					
*****LEAVE BALANCES*****					
CURRENT TAXABLE BALANCES					
FEDERAL STATE MEDI GROSS OASDI GROSS CA SDI GROSS GROSS EARN'S					
1,618.97 1,618.97 1,686.43 1,686.43 1,686.43 1,686.43					
FEDERAL STATE MEDI GROSS OASDI GROSS CA SDI GROSS GROSS EARN'S					
8,094.85 8,094.85 8,432.15 8,432.15 8,432.15 8,432.15					
GROSS PAY REDUCTIONS TAXES DEDUCTIONS					
1,686.43 67.46 41.32 24.99					
1,686.43 122.27 92.75 111.90					
*****CURRENT PAY SUMMARY*****					
CURRENT TAXABLE BALANCES					
FEDERAL STATE MEDI GROSS OASDI GROSS CA SDI GROSS GROSS EARN'S					
8,094.85 8,094.85 8,432.15 8,432.15 8,432.15 8,432.15					
GROSS PAY REDUCTIONS TAXES DEDUCTIONS					
1,686.43 67.46 41.32 24.99					
1,686.43 122.27 92.75 111.90					
NET PAY \$1,552.66					
DISTRICT ADDRESS 1200 CAMINO COMMUNITY COLLEGE DR LOS ANGELES, CA 90045					

SCHOOL DISTRICT OF LOS ANGELES COUNTY				PAY LOCATION	PAY CYCLE	ISSUE DATE	WARRANT NUMBER																												
64493 EL CAMINO COMMUNITY COLLEGE				018	C5J	05-03-2013	7441068																												
EMPLOYEE NAME SHARIIFI,AMIR	EMPLOYEE ID PN0295243	FEDERAL STATUS / ALLOWANCES M / 03	STATE STATUS / ALLOWANCES M / 03	ADDITIONAL STATE ALLOWANCES 00																															
EARNSINGS - COMPENSATION BASIS C H	DESCRIPTION REGULAR	END DATE 04-30-2013	RATE 94.109	UNITS 17.92	AMOUNT 1,686.43																														
<table border="1"> <thead> <tr> <th colspan="2">DEDUCTIONS/TAXES/MISC</th> <th>CURRENT AMOUNT</th> <th>YTD TOTALS</th> </tr> </thead> <tbody> <tr> <td colspan="2">EMPLOYEE DEDUCTIONS</td> <td>67.46</td> <td>269.84</td> </tr> <tr> <td colspan="2">STRS ARP</td> <td></td> <td></td> </tr> <tr> <td colspan="2">EMPLOYEE DEDUCTIONS MEDCAR DED SDI AFT</td> <td>24.45 16.86 24.99</td> <td>97.81 67.44 99.96</td> </tr> <tr> <td colspan="2">EMPLOYER CONTRIBUTIONS</td> <td>84.32</td> <td>337.28</td> </tr> <tr> <td colspan="2">STRS CASH MEDCAR CON SUI WORK COMP</td> <td>24.45 18.55 22.38</td> <td>97.81 74.20 89.52</td> </tr> </tbody> </table>						DEDUCTIONS/TAXES/MISC		CURRENT AMOUNT	YTD TOTALS	EMPLOYEE DEDUCTIONS		67.46	269.84	STRS ARP				EMPLOYEE DEDUCTIONS MEDCAR DED SDI AFT		24.45 16.86 24.99	97.81 67.44 99.96	EMPLOYER CONTRIBUTIONS		84.32	337.28	STRS CASH MEDCAR CON SUI WORK COMP		24.45 18.55 22.38	97.81 74.20 89.52						
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						TORRANCE, CA 90506																													

B 22C (Official Form 22C) (Chapter 13) (04/13)

In re Amir Sharifi
Debtor(s)
Case Number: 1:13-bk-16670-MT
(If known)

According to the calculations required by this statement:

The applicable commitment period is 3 years.
 The applicable commitment period is 5 years.
 Disposable income is determined under § 1325(b)(3).
 Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME							
Line	Description					Column A Debtor's Income	Column B Spouse's Income
	Amount				Comments		
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.						
a.	<input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.						
b.	<input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.						
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						
2	Gross wages, salary, tips, bonuses, overtime, commissions.					\$ 8,899.88	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						
a.	Gross receipts		Debtor	Spouse			
b.	Ordinary and necessary business expenses		\$ 0.00	\$			
c.	Business income		Subtract Line b from Line a				
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.						
a.	Gross receipts		Debtor	Spouse			
b.	Ordinary and necessary operating expenses		\$ 0.00	\$			
c.	Rent and other real property income		Subtract Line b from Line a				
5	Interest, dividends, and royalties.					\$ 0.00	\$
6	Pension and retirement income.					\$ 0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$ 0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ 0.00	Spouse \$			

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	Debtor	Spouse			
	a. \$	\$			
	b. \$	\$			
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).			\$ 0.00	\$ 8,899.88
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.			\$ 8,899.88	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11			\$ 8,899.88	
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.				
	a. \$	\$			
	b. \$	\$			
	c. \$	\$			
	Total and enter on Line 13			\$ 0.00	\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.			\$ 8,899.88	\$ 8,899.88
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.			\$ 106,798.56	\$ 106,798.56
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/usit/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>CA</u> b. Enter debtor's household size: <u>3</u>			\$ 67,401.00	\$ 67,401.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.				

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.			\$ 8,899.88	
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.				
	a. \$	\$			
	b. \$	\$			
	c. \$	\$			
	Total and enter on Line 19.			\$ 0.00	\$ 0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.			\$ 8,899.88	\$ 8,899.88

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 106,798.56
22	Applicable median family income. Enter the amount from Line 16.	\$ 67,401.00
23	<p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.</p>	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ 1,234.00																						
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.																							
	<table border="1"> <thead> <tr> <th colspan="2">Persons under 65 years of age</th> <th colspan="2">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td>60</td> <td>a2.</td> <td>Allowance per person</td> <td>144</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td>3</td> <td>b2.</td> <td>Number of persons</td> <td>0</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>180.00</td> <td>c2.</td> <td>Subtotal</td> <td>0.00</td> </tr> </tbody> </table>	Persons under 65 years of age		Persons 65 years of age or older		a1.	Allowance per person	60	a2.	Allowance per person	144	b1.	Number of persons	3	b2.	Number of persons	0	c1.	Subtotal	180.00	c2.	Subtotal	0.00	\$ 180.00
Persons under 65 years of age		Persons 65 years of age or older																						
a1.	Allowance per person	60	a2.	Allowance per person	144																			
b1.	Number of persons	3	b2.	Number of persons	0																			
c1.	Subtotal	180.00	c2.	Subtotal	0.00																			
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ 542.00																						
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.																							
	<table border="1"> <tbody> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent expense</td> <td>\$ 2,268.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$ 4,346.65</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 2,268.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 4,346.65	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$ 0.00													
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b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 4,346.65																						
c.	Net mortgage/rental expense	Subtract Line b from Line a.																						
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$ 0.00																						

B 22C (Official Form 22C) (Chapter 13) (04/13)

27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 295.00												
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 0.00												
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" data-bbox="230 815 1274 931"> <tr> <td data-bbox="230 815 262 846">a.</td> <td data-bbox="262 815 850 846">IRS Transportation Standards, Ownership Costs</td> <td data-bbox="850 815 882 846">\$</td> <td data-bbox="882 815 1274 846">517.00</td> </tr> <tr> <td data-bbox="230 846 262 878">b.</td> <td data-bbox="262 846 850 878">Average Monthly Payment for any debts secured by Vehicle</td> <td data-bbox="850 846 882 878">\$</td> <td data-bbox="882 846 1274 878">234.33</td> </tr> <tr> <td data-bbox="230 878 262 910">c.</td> <td data-bbox="262 878 850 910">Net ownership/lease expense for Vehicle 1</td> <td data-bbox="850 878 1274 910">Subtract Line b from Line a.</td> <td data-bbox="1282 878 1480 910">\$ 282.67</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	517.00	b.	Average Monthly Payment for any debts secured by Vehicle	\$	234.33	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 282.67	\$ 282.67
a.	IRS Transportation Standards, Ownership Costs	\$	517.00											
b.	Average Monthly Payment for any debts secured by Vehicle	\$	234.33											
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 282.67											
29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1" data-bbox="230 1121 1274 1237"> <tr> <td data-bbox="230 1121 262 1153">a.</td> <td data-bbox="262 1121 850 1153">IRS Transportation Standards, Ownership Costs</td> <td data-bbox="850 1121 882 1153">\$</td> <td data-bbox="882 1121 1274 1153">0.00</td> </tr> <tr> <td data-bbox="230 1153 262 1184">b.</td> <td data-bbox="262 1153 850 1184">Average Monthly Payment for any debts secured by Vehicle</td> <td data-bbox="850 1153 882 1184">\$</td> <td data-bbox="882 1153 1274 1184">0.00</td> </tr> <tr> <td data-bbox="230 1184 262 1216">c.</td> <td data-bbox="262 1184 850 1216">Net ownership/lease expense for Vehicle 2</td> <td data-bbox="850 1184 1274 1216">Subtract Line b from Line a.</td> <td data-bbox="1282 1184 1480 1216">\$ 0.00</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	0.00	b.	Average Monthly Payment for any debts secured by Vehicle	\$	0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$	0.00											
b.	Average Monthly Payment for any debts secured by Vehicle	\$	0.00											
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00											
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ 1,076.15												
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$ 468.19												
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$ 0.00												
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.</p>	\$ 0.00												
34	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$ 0.00												
35	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$ 0.00												

36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$ 0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$ 0.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$ 4,078.01

Subpart B: Additional Living Expense Deductions**Note: Do not include any expenses that you have listed in Lines 24-37**

39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	
a.	Health Insurance	\$ 0.00
b.	Disability Insurance	\$ 0.00
c.	Health Savings Account	\$ 0.00
	Total and enter on Line 39	\$ 0.00
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$	
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$ 0.00
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ 0.00
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$ 312.50
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$ 0.00
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$ 312.50

Subpart C: Deductions for Debt Payment

47	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Bank of America, N.A.</td> <td>9 Flintlock Lane Bell Canyon, CA 91307</td> <td>\$ 4,346.65</td> <td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td>Nissan Motor Acceptance</td> <td>2012 Nissan Versa (Balance: \$13,847)</td> <td>\$ 234.33</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> <td>\$ 4,580.98</td> </tr> </tbody> </table>						Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance	a.	Bank of America, N.A.	9 Flintlock Lane Bell Canyon, CA 91307	\$ 4,346.65	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	b.	Nissan Motor Acceptance	2012 Nissan Versa (Balance: \$13,847)	\$ 234.33	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				Total: Add Lines	\$ 4,580.98
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48	<p>Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>-NONE-</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> <td>\$ 0.00</td> </tr> </tbody> </table>						Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.	-NONE-		\$ 0.00				Total: Add Lines	\$ 0.00							
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a.	-NONE-		\$ 0.00																						
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49	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.</p>																								
50	<p>Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.</p> <table border="1"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$ 0.00</td> <td></td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td>x</td> <td>4.80</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td>Total: Multiply Lines a and b</td> <td>\$ 0.00</td> </tr> </tbody> </table>					a.	Projected average monthly Chapter 13 plan payment.	\$ 0.00		b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	4.80	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$ 0.00								
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51	<p>Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.</p>																								
Subpart D: Total Deductions from Income																									
52	<p>Total of all deductions from income. Enter the total of Lines 38, 46, and 51.</p>																								
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)																									
53	<p>Total current monthly income. Enter the amount from Line 20.</p>																								
54	<p>Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.</p>																								
55	<p>Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).</p>																								
56	<p>Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.</p>																								

<p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.</p>																			
57	<table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of Expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>Total: Add Lines</td> <td>\$ 0.00</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of Expense	a.		\$	b.		\$	c.		\$		Total: Add Lines	\$ 0.00			
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a.		\$																	
b.		\$																	
c.		\$																	
	Total: Add Lines	\$ 0.00																	
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$ 8,971.49																	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$ -71.61																	
Part VI. ADDITIONAL EXPENSE CLAIMS																			
<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p>																			
60	<table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>Total: Add Lines a, b, c and d</td> <td>\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$		Total: Add Lines a, b, c and d	\$
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c.		\$																	
d.		\$																	
	Total: Add Lines a, b, c and d	\$																	
Part VII. VERIFICATION																			
61	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)</p> <p>Date: <u>October 28, 2013</u></p> <p>Signature: <u>/s/ Amir Sharifi</u> Amir Sharifi (Debtor)</p>																		

MASTER MAILING LIST
Verification Pursuant to Local Bankruptcy Rule 1007-2(d)

Name Kevin T. Simon 180967

Address 15233 Ventura Blvd., Suite 250 Sherman Oaks, CA 91403

Telephone (818)783-6251 Fax: (818)783-6253

Attorney for Debtor(s)
 Debtor in Pro Per

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

List all names including trade names used by Debtor(s)
within last 8 years:

Amir Sharifi

Case No.: 1:13-bk-16670-MT

Chapter: 13

VERIFICATION OF CREDITOR MAILING LIST

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 4 sheet(s) is complete, correct, and consistent with the debtor's schedules pursuant to Local Rule 1007-2(d) and I/we assume all responsibility for errors and omissions.

Date: October 28, 2013

/s/ Amir Sharifi
Amir Sharifi
Signature of Debtor

Date: October 28, 2013

/s/ Kevin T. Simon
Signature of Attorney
Kevin T. Simon 180967
Simon Resnik Hayes LLP
15233 Ventura Blvd., Suite 250
Sherman Oaks, CA 91403
(818)783-6251 Fax: (818)783-6253

Amir Sharifi
9 Flintlock Lane
Bell Canyon, CA 91307

Kevin T. Simon
Simon Resnik Hayes LLP
15233 Ventura Blvd., Suite 250
Sherman Oaks, CA 91403

Bank of America
PO Box 982235
El Paso, TX 79998

Bank of America, N.A.
4161 Piedmont Pkwy
Greensboro, NC 27410

Chapter 13 Trustee
Elizabeth F. Rojas
15060 Ventura Blvd, Suite #240
Sherman Oaks, CA 91403

Chase
PO Box 15298
Wilmington, DE 19850

Citi
PO Box 6241
Sioux Falls, SD 57117

Continental Credit Control
22 N Milpas St., Ste C
Santa Barbara, CA 93103

Discover Fin Svcs LLC
PO Box 15316
Wilmington, DE 19850

Franchise Tax Board
Attn: Bankruptcy Unit
P.O. Box 2952
Sacramento, CA 95812-2952

GECRB/Lowes
PO Box 965005
Orlando, FL 32896

Grant & Weber
26575 West Agoura Road
Calabasas, CA 91302

Harris and Zide
1445 Huntington Dr., Ste. 300
South Pasadena, CA 91030

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Karen Dauphin, Esq.
28947 Oakpath Drive
Agoura Hills, CA 91301

Los Angeles Sheriff's Department
415 W. Ocean Blvd.
Long Beach, CA 90802

Macys DSNB
9111 Duke Blvd
Mason, OH 45040

MRS Associates
1930 Olney Avenue
Cherry Hill, NJ 08003

Nelson & Kennard
P.O. Box 13807
Sacramento, CA 95853

Nissan Motor Acceptance
PO Box 660360
Dallas, TX 75266

Patenaude & Felix
4545 Murphy Canyon Road, 3rd Floor
San Diego, CA 92123

Sallie Mae
11100 USA Pkwy
Fishers, IN 46037

Stellar Recovery, Inc.
c/o Nelson & Kinnard
2180 Harvard Street, Suite 160
Sacramento, CA 95815

Superior Court of California
County of Ventura
3855-F Alamo Street
Simi Valley, CA 93063

Superior Court of California
County of Ventura
800 S. Victoria Avenue
Ventura, CA 93009

THD/CBNA
PO Box 6497
Sioux Falls, SD 57117

US Trustee
21051 Warner Center Lane, Ste. 115
Woodland Hills, CA 91367

Wells Fargo Bank NV NA
PO Box 94435
Albuquerque, NM 87199

Zwicker & Associates, Inc.
80 Minuteman Road
Andover, MA 01810-1031

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No., and Email Address: Kevin T. Simon Simon Resnik Hayes LLP 15233 Ventura Blvd., Suite 250 Sherman Oaks, CA 91403 (818)783-6251 Fax: (818)783-6253 180967 kevin@srlawfirm.com	FOR COURT USE ONLY
<input type="checkbox"/> <i>Individual appearing without attorney</i> <input checked="" type="checkbox"/> <i>Attorney for: Debtor</i>	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Amir Sharifi	CASE NO.: 1:13-bk-16670-MT CHAPTER: 13
	DECLARATION RE FILING OF TAX RETURNS AND PAYMENT OF DOMESTIC SUPPORT OBLIGATIONS¹ (PRECONFIRMATION)
	Next Meeting of Creditors Date: 12/11/13 Time: 11:00 AM Next Confirmation Hearing Date: 01/28/14 Time: 9:30 AM
Debtor(s)	

Instructions: In a joint case, both debtors must answer and sign. This declaration must be filed with the court and served upon the chapter 13 trustee not later than 7 days before the first scheduled §341(a) meeting of creditors. If necessary, further declarations must be filed on or before the date of each hearing on confirmation of the Debtor's plan. Check the appropriate boxes.

I, Amir Sharifi, (Debtor's name(s)), hereby declare:

Tax Returns:

Debtor Joint
Debtor

I have filed all tax returns required to be filed with federal, state, or local taxing authorities for all taxable periods ending during the 4-year period ending on the date of the filing of the petition, as required by 11 U.S.C. §1308.

I have NOT filed all tax returns required to be filed with federal, state, or local taxing authorities for all taxable periods ending during the 4-year period ending on the date of the filing of the petition, as required by 11 U.S.C. §1308. I have not filed the following return(s) for the following years².

Year	Taxing Authority (federal, state, or local)	Proposed Date for Filing Return
------	---	---------------------------------

¹ The term "domestic support obligation" is defined in 11. U.S.C. §101(14A).

² Attach additional pages as necessary.

I am not required to file federal, state, or local tax returns because: _____

Domestic Support Obligations

Debtor Joint
Debtor

I do not owe any domestic support obligations.

As of the date of this declaration, I have paid all amounts that are required to be paid under a domestic support obligation that have come due after the date of the filing of the petition.

No domestic support obligations will come due between the date of this declaration and the date set for hearing on confirmation of my plan set forth above.

As of the date of this declaration, I have paid NOT all amounts that are required to be paid under a domestic support obligation that have come due after the date of the filing of the petition. I am delinquent on the following post-filing payments:

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

October 28, 2013

Amir Sharifi

/s/ Amir Sharifi

Date

Debtor's Name

Debtor's Signature